## CITY OF REEDLEY COMMUNITY SERVICES DEPARTMENT

Application for Park Use

Requested Day & Date:		Purpose:			Estimated Attendance:		
Name of Applicant: Mailing Address:			Phone	none:			
	Street/Mailing Addres	SS	City		State	Zip	
Who do you want the re	efund to go to? (Name &	Address):					
Pioneer Park  Pavilion Bandshell Gazebo Picnic Tables Entire Park	C.F. Mueller Park  Rotary Pavilion Entire Park	Camacho Park  Snack Bar Camacho F Camacho F Rotary Field One time fie costs) Field Lights Begin: End:	ield II d eld Prep (add'I		Park Snack Bar Pavilion Half Field Entire Field, Pavilion & Snack Bar Lights Begin: End:		Cricket Hollow Smith's Ferry
Time of Activity: Beg	ins: am/pr	m Ends:	am/pm		Will there be al	cohol? Yes	or No
reserved events. All fees I agree to follow all rul repair costs for damages shall occur if I do not com I understand the City stolen or damaged before The City of Reedley re claims for money or dam. The Lessee shall save, expenses in law or equity of use which may be occ Reedley will not be held li	oject to change upon City C are due when application i es, regulations and policies caused during my event. I ply with any rule, regulation of Reedley will not be held during or after the activity eserves the right to require ages. The City requires a keep and hold harmless in that may at any time arise casioned by any willful or able for any accident, loss	is submitted (minimun is of the City of Reedl Denial of future use of in, policy or requireme if responsible for item is. This is to include do that the facility user Certificate of Insurar the City of Reedley, or be set up because negligent act or omis or damage.	n of 5 working days pey on the use of this any City of Reedley nt. Is brought to this act amage or loss due to provide adequate liance showing that addits officers, agents, as of damages to propsisions of the Lessen	orior to ever s park. I un facility for a tivity as req any mecha bility insura equate cove employees perty or pers e, any of th	nt). Iderstand that I ame a period of two year quested in this apparaical failure that mance coverage for the age is in effect besonal injury received the Lessee's emplorate in the contract of the contract	responsible and	for any, and all biture of deposi he user agains nt can be held hages, costs of or in the course st. The City o
		OFFIC	E USE ONLY				
Application Request:   □ 0	Granted □ Denied Reas	son for Denial:					
Signature:					Date: _		
	by			·	□ good condition	·	
Rental Fee	50 (1-100 people) \$100 (e (4 hrs): \$70 for Bandshell puse Fee: \$25 rance Fees: Class I - \$100.	101-200 people) , Pavilion, or Picnic ar	rea; \$210 for entire p		Receipt#	Date: _	